

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 8 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Highway
 Township Wheatland
 City Wheatland

Registration District No. 359
 Primary Registration District No. 5504

File No. 24258
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wheatland St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3 - 1847</u>		
7. AGE <u>87</u>	YEARS <u>3</u>	MONTHS <u>12</u>
DAYS <u>12</u>		IF LESS than 1 day, <u>5</u> hrs. or <u>5</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation, (month and year)
	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Hickory Co.</u>
	13. NAME <u>Wm Rountree</u>

MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>n. c.</u>
	15. MAIDEN NAME <u>Susan Roads</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>n. c.</u>
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17. INFORMANT (ADDRESS) <u>Essie H. Johnston</u> <u>Wheatland Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portraits</u> DATE <u>July 17, 1934</u>

19. UNDERTAKER (ADDRESS) <u>J. P. Luckey</u> <u>Wheatland Mo</u>
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20. FILED <u>7/19</u> 19 <u>34</u> <u>G. W. Thornton</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 15, 1934</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>25</u> ; to <u>July 15</u> , 19 <u>34</u> . I last saw her alive on <u>July 14</u> , 19 <u>34</u> . Death is said to have occurred on the date stated above, at <u>5 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u> <u>Several years duration</u>

Other contributory causes of importance: <u>Chronic Myocarditis</u> <u>Several years duration</u>	Date of onset
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Name of operation <u>None</u> Date of _____

What test confirmed diagnosis? <u>Phys. Exam</u> Was there an autopsy? <u>No</u>
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23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____

(Signed) <u>A. S. Johnston</u> , M. D. (Address) <u>Wheatland Mo</u>

